

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Michael R. Pence
Governor of Indiana
Nicholas W. Rhoad
PLA Executive Director

**INDIANA STATE BOARD OF HEALTH FACILITY ADMINISTRATORS
INSTRUCTIONS FOR APPLICATION FOR SPONSORSHIP
AS A CONTINUING EDUCATION PROVIDER**

You may not practice in Indiana as a Health Facility Administrator without an Indiana license or permit to practice.

Mail your completed application and fee to:

Indiana Professional Licensing Agency (IPLA)
Attn: Indiana State Board of Dentistry
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

Before completing and submitting your application to our office, please read all materials and information included.

FEE INFORMATION

Applicants must submit a **hundred dollar (\$100.00)** application fee, made payable to the Indiana Professional Licensing Agency. Checks or money orders are acceptable. **All fees are non-refundable and non-transferable.**

POSITIVE RESPONSES

If you answer "yes" to any of the questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition.

If the applicant has been ***arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state***, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.

APPLICATION REQUIREMENTS

Please submit to the board the completed application and the \$100.00 fee made payable to the Professional Licensing Agency along with the following documentation:

1. Brief description of your organization, including organization philosophy and objectives and organization chart.
2. Brief description of the organization's background in continuing education and long term care education.
3. Sample of advertising brochure for your program(s) for health facility administrators.
4. Description of evaluation techniques that will be utilized. (attach sample)
5. Statement of how evaluations are utilized by your organization.
6. Sample of certificate to be awarded for completion of program.
7. Description of monitoring techniques utilized to verify attendance.
8. Description of record keeping system for continuing education programs to be offered and length of time records are kept.
9. Statement regarding whether or not attendance at your programs are open to all health facility administrators.

****This application and supporting documentation must be submitted to the board at least 30 days prior to the date of your first presentation. The application process could take up to 6 weeks. If the application is approved, you will receive a pocket card license by mail. If the board requires additional information, you will be notified by regular mail or email.***

THE FAIR INFORMATION PRACTICE ACT

In compliance with Ind. Code 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where release is required by law, in which case you will be notified.

CONTACT INFORMATION

If you have questions concerning the application process or the sponsorship process, please call 317-234-2067, email us at pla4@pla.in.gov or visit our website at www.in.gov/pla/hfa.htm.

If you have any changes to the information you provided during the application process or after you are licensed (i.e. name change, address) be advised that it is your responsibility to update that information with the Professional Licensing Agency.

Mailing Address:

Professional Licensing Agency
Indiana State Board of Health Facility Administrators
402 W Washington Street, Room W072
Indianapolis, Indiana 46204
(317) 234-2067 phone | (317) 233-4236 fax